



VETERANS MILLENNIUM HEALTH CARE AND BENEFITS ACT

LONG TERM CARE (LTC) COPAYMENT

USER MANUAL

Patch EAS*1*5

October 2001

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Department of Veterans Affairs
VISTA System Design & Development

Revision History

Note: The revision history cycle begins once changes or enhancements are requested to the user manual.

Date	Revision	Description	Author
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10/12/01	0.1	Revised Title Page	Karen Stella
10/12/01	0.1	Revised Using The Software section	Karen Stella
10/17/01	0.2	Revised Add a New LTC Copayment Test option	Karen Stella
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11/1/01	0.3	Revised Introduction section	Karen Stella
		Revised Add a New LTC Copayment Test option	Karen Stella

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Introduction

Overview

Patch EAS*1*5 contains changes to the *VISTA* Enrollment Application System (EAS) module, which were made to meet the requirements of the Veterans Millennium Health Care and Benefits Act, Public Law 106-117, Sec. 101, that mandates the application of copayments for veterans receiving Long Term Care (LTC) services. It includes the following functionality:

1. Allows users to enter, edit, store and print financial information given by the veteran on the 10-10EC Application for Extended Care Services
2. Allows users to designate a veteran who is exempt from the LTC copayments and the reason for the exemption
3. Using the financial information entered from the 10-10EC form, automatically calculates and displays or prints an estimate of the LTC copayments that the veteran will be obligated to pay for the next twelve months
4. Provides Integrated Billing with a veteran's copayment amount via an application program interface (API).

Purpose

The purpose of this user manual is to provide instructions for using the LTC Copayment menu options provided by the Long Term Care Copayment software (Patch EAS*1*5).

Related Manuals






The following related manuals are also being released with the Long Term Care Copayment Software (Patch EAS*1*5). You can download them from anonymous.software in binary format.

Manual Title	File Name	Brief Description
Long Term Care (LTC) Copayment Technical Manual	EAS_1_P5_TM.PDF	Provides technical information for technical staff that are responsible for implementing and maintaining the Long Term Care Copayment Software (Patch EAS*1*5).
Long Term Care (LTC) Copayment Installation Guide	EAS_1_P5_IG.PDF	Provides detailed instructions for installing the Long Term Care Copayment Software (Patch EAS*1*5).

Using the Software

Add a New LTC Copayment Test

Before you start, please note:

-  The patient must exist in the PATIENT file before you use this option.
-  A veteran whose income is below the basic single veteran pension level (a.k.a Means Test threshold) is not required to take this test.
-  Current year marital status and spouse residing in community must be answered for accurate calculation of the LTC copayment amounts.
-  Refer to Appendix A for a sample VA Form 10-10EC. Refer to Appendix B for sample data screens.
-  You must add a new LTC Copayment Test for all veterans applying for extended care services. If you know that the veteran is exempt from LTC copayments, you do not have to enter financial data, but you must enter a status of EXEMPT and the reason for exemption.

Use this option to

- Add a new LTC copayment test for a patient
- Complete an existing LTC copayment test
- Print completed VA Form 10-10EC for the selected patient

How to use this option

1. Select the patient for whom you are adding a LTC copayment Test. The patient's enrollment information will be displayed.
2. Enter date of test (default is current date). If a LTC Copay test already exists for the selected patient, the software advises you to use the Edit a LTC Copay Test option.
3. Screens 1 and 2 display military service data and eligibility status data to assist you in determining if the patient is exempt or non-exempt from taking the LTC copayment test. You cannot edit this data via the LTC copayment menu options. To edit this data, use the Load/Edit Patient Data option on the Registration Menu.

Add a New LTC Copayment Test, continued

4. Screen 3 allows you to enter marital status and dependents information via List Manager actions at the bottom of the screen.

Action Short Name	Action Long Name	Description
DA	Spouse/Dependent Add	Allows the user to add a new dependent (either a spouse or other dependents). It will ask the LTC copay test information questions if the dependent is added when adding or editing a LTC Copayment Test.
AD	Add to LTC Co pay Test	Allows the user to add selected dependents to the LTC Copayment Test from the above list. The dependent does not have to currently be an active dependent. This will only be allowed if the user is adding or editing a LTC Copayment Test.
ES	Edit Spouse Demographics	Allows the user to edit the demographics related to the spouse. e.g. Name, DOB, SSN, etc.
RE	Remove from LTC Co pay Test	Allows the user to select dependent(s) to be removed from the LTC Copayment Test. This will only be allowed if the user is adding or editing a LTC Copayment Test.
DD	Edit Dependent Demographics	Allows the user to edit the demographics related to dependents.
XD	Expand Dependent	Allows user to select a specific dependent and view more information about that dependent. The user can also select an action to edit the effective dates for that dependent.
MT	Marital/Dependent Info	Allows the user to edit the veteran's marital status and spouse or dependent information specific to the LTC Copayment Test, such as Residing in the Community or Living with Spouse.

The following actions are also available:

+	Next Screen	<	Shift View to Left	PS	Print Screen
-	Previous Screen	FS	First Screen	PL	Print List
UP	Up a Line	LS	Last Screen	SL	Search List
DN	Down a Line	GO	Go to Page	ADPL	Auto Display(On/Off)
>	Shift View to Right	RD	Re Display Screen	Q	Quit

- Screen 4 allows you to enter dollar amounts for fixed and liquid assets.
- Screen 5 allows you to enter gross income data for the current calendar year.
- Screen 6 allows you to enter dollar amounts for deductible expenses.
- The software asks if you want to complete the LTC Copay test. “No” response returns you to the “Select PATIENT NAME:” prompt; “Yes” response takes you to Step 9. if the test cannot be completed because of missing or incomplete data, the software asks if you want to edit the LTC copay test. “Yes” response takes you to Screen 1 of the Edit a LTC Copay Test option; “No” response
- Enter LTC Copay test status of EXEMPT or NON-EXEMPT. “EXEMPT” response takes you to Step 10; “NON-EXEMPT” response takes you to Step 11.

Add a New LTC Copayment Test, continued

10. Select a reason for exemption. Enter two question marks

1	COMPENSABLE SC DISABILITY
2	INCOME BELOW LTC THRESHOLD
3	LTC FOR SC DISABILITY
4	LTC BEGAN PRIOR TO 11/30/1999
5	LTC FOR EXPOSURE TO ENVIRONMENTAL CONTAMINANTS (GULF WAR)
6	LTC FOR AGENT ORANGE EXPOSURE
7	LTC FOR RADIATION EXPOSURE
8	LTC FOR TREATMENT RELATED TO MST
9	LTC RELATED TO CANCER OF THE HEAD AND NECK

11. Indicate whether the veteran agrees to pay copayments. S/he must also sign VA Form 10-10EC.

12. Enter the date and time the test was completed (default is today's date and current time).

13. Enter comments (optional).





14. The software asks if you want to print the 10-10EC. "Yes" response takes you to Step 15; "No" response returns you to the "Select PATIENT NAME:" prompt.

15. Select a printer. The software will ask if you want to queue the output. . "No" response returns you to the "Select PATIENT NAME:" prompt; "Yes" response takes you to Step 16.

16. Enter date and time to print the output.

Edit an Existing LTC Copayment Test

Before you start, please note:

-  The patient must have an existing LTC Copayment test in order to use this option.
-  After you select the patient name and test date, this option works the same as the “Add a New LTC Copayment Test” option.
-  Current year marital status and spouse residing in community must be answered for accurate calculation of the LTC copayment amounts.
-  Refer to Appendix A for a sample VA Form 10-10EC. Refer to Appendix B for sample data screens.

Use this option to

- Edit an existing LTC copayment test for a patient
- Complete an existing LTC copayment test
- Print completed VA Form 10-10EC for the selected patient

How to use this option

1. Select the patient for whom you are editing a LTC Copayment Test. The patient’s enrollment information will be displayed.
2. Enter date of test (default is original test date). The patient’s LTC Copayment Test information will be displayed.
3. Screens 1 and 2 display military service data and eligibility status data to assist you in determining if the patient is exempt or non-exempt from taking the LTC copayment test. You cannot edit this data via the LTC copayment menu options. To edit this data, use the Load/Edit Patient Data option on the Registration Menu.
4. Screen 3 allows you to edit marital status and dependents information via ListMan screen actions.
5. Screen 4 allows you to edit dollar amounts for fixed and liquid assets.
6. Screen 5 allows you to edit gross income data for the current calendar year.
7. Screen 6 allows you to edit dollar amounts for deductible expenses.
8. The software asks if you want to complete the LTC Copay test. “No” response returns you to the “Select PATIENT NAME:” prompt; “Yes” response takes you to Step 9. if the test cannot be completed because of missing or incomplete data, the software asks if you want to edit the LTC copay test. “Yes” response takes you to Screen 1 of the Edit a LTC Copay Test option; “No” response
9. Enter LTC Copay test status of EXEMPT or NON-EXEMPT. “EXEMPT” response takes you to Step 10; “NON-EXEMPT” response takes you to Step 11.

Edit an Existing LTC Copayment Test, continued

10. Select a reason for exemption. You can choose from the following:

- | | |
|---|---|
| 1 | COMPENSABLE SC DISABILITY |
| 2 | INCOME BELOW LTC THRESHOLD |
| 3 | LTC FOR SC DISABILITY |
| 4 | LTC BEGAN PRIOR TO 11/30/1999 |
| 5 | LTC FOR EXPOSURE TO ENVIRONMENTAL CONTAMINANTS (GULF WAR) |
| 6 | LTC FOR AGENT ORANGE EXPOSURE |
| 7 | LTC FOR RADIATION EXPOSURE |
| 8 | LTC FOR TREATMENT RELATED TO MST |
| 9 | LTC RELATED TO CANCER OF THE HEAD AND NECK |

11. Indicate whether the veteran agrees to pay copayments. S/he must also sign VA Form 10-10EC.

12. Enter the date and time the test was completed (default is today's date and current time).

13. Enter comments (optional).

14. The software asks if you want to print the 10-10EC. "Yes" response takes you to Step 15; "No" response returns you to the "Select PATIENT NAME:" prompt.

15. Select a printer. The software will ask if you want to queue the output. . "No" response returns you to the "Select PATIENT NAME:" prompt; "Yes" response takes you to Step 16.

16. Enter date and time to print the output.

View a Past LTC Copayment Test

Before you start, please note:



The patient must have an existing LTC Copayment test in order to use this option.



This option allows you to view data only; it does not allow editing.

Use this option to display all of the LTC Copayment data screens.

How to use this option

1. Select the patient whose LTC Copayment test you want to view. The patient's enrollment information will be displayed.
2. Enter the date of the test you want to view (default is original test date). The patient's LTC Copayment Test information will be displayed.
3. Scroll the through data screens that were populated using the Add a New LTC Copayment Test option and/or Edit an Existing LTC Copayment options.

Print Application for Extended Care (1010-EC)

Before you start, please note:



The patient must have an existing LTC Copayment test in order to use this option.



You must select a printer at the “DEVICE: HOME//” prompt; screen print of the form will be unreadable.



Refer to Appendix A of this manual to see a sample VA Form 10-10EC. Refer to Appendix B for sample data screens.






Use this option to print a completed VA Form 10-10EC, Application for Extended Care, for a selected patient.

How to use this option

1. Select the patient whose LTC Copayment test you want to print.
2. Enter the date of the test you want to print (default is original test date).
3. Select the name of the printer.
4. Specify whether to queue the print job. If yes, specify the date and time you want the form to print.

Print Calculated LTC Copayments

Before you start, please note:

-  The patient must have an existing LTC Copayment test in order to use this option.
-  Copayments will only be calculated and printed for patients with a LTC Copayment test status of non-exempt. Patients with a status of exempt are not required to pay for LTC services.
-  This option provides *estimated* LTC copayment amounts only, as indicated in the disclaimer that prints at the bottom of each page when sent to a printer. If you choose to display the LTC copayment amounts on your screen, the disclaimer prints at the bottom of Page 2 only.
-  This report might take a long time to generate. It is recommended that the report be queued to print.
-  Refer to Appendix C for calculation examples.

Use this option to display or print the calculated Long Term Care copayments for a selected veteran. The output includes the following information:

- Formula(s) used for calculating copayments for both institutional and non-institutional extended care services for a 6-month period and for a period greater than 6 months
- Monthly totals for total income, total expenses, and total allowances
- Monthly totals for the veteran's estimated copayment amount (CALC CO-PAY)
- Monthly totals for the maximum copayment that could potentially be billed (MAX CO-PAY – this is the cap amount)
- Monthly totals for the estimated maximum copayment that the would the veteran would be responsible for paying (VET MAX CO-PAY – the lesser of either the CALC CO-PAY or MAX CO-PAY)

How to use this option

1. Select the patient whose estimated LTC copayments you want to display or print.
2. Select the date of the test for which you want to print or display LTC copayments (the default is the original test date).
3. Select a printer.
4. Specify whether to queue the print job. If yes, specify the date and time you want the form to print.

Print Calculated LTC Copayments, continued Sample Output

Oct 09, 2001

Page: 1

LONG TERM CARE ESTIMATED COPAYMENTS FOR INSTITUTIONAL SERVICES

EAMON, DARBY 103421660 DOB: Sep 09, 1920
SINGLE
LTC REPORT START DATE: Sep 26, 2001

LTC COPAYMENTS FOR DAYS 1-180

CO-PAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	2000	2000	2000	2000	2000	2000
TOT EXPENSES	1041	1041	1041	1041	1041	1041
TOT ALLOWANCE	600	620	600	620	620	560
CALC CO-PAY	358	338	358	338	338	398
MAX CO-PAY	2910	3007	2910	3007	3007	2716
VET MAX CO-PAY	358	338	358	338	338	398
	SEP'01	OCT'01	NOV'01	DEC'01	JAN'02	FEB'02

LTC COPAYMENTS FOR DAYS 181+

CO-PAY CALC: (TOTAL ASSETS + TOTAL INCOME) - TOTAL ALLOWANCE

TOT ASSETS	7183	7183	7183	7183	7183	7183
TOT INCOME	2000	2000	2000	2000	2000	2000
TOT ALLOWANCE	620	600	620	600	620	620
CALC CO-PAY	8563	8583	8563	8583	8563	8563
MAX CO-PAY	3007	2910	3007	2910	3007	3007
VET MAX CO-PAY	3007	2910	3007	2910	3007	3007
	MAR'02	APR'02	MAY'02	JUN'02	JUL'02	AUG'02

IMPORTANT NOTICE: The copayment amounts shown in this report are estimates based on calculations of the copayment amount for an entire month. The copayment amounts will be adjusted to reflect the actual start date of LTC services and the copayment exemption for the first 21 days of service. The VET MAX CO-PAY amount is based on the assumption that the veteran will be responsible to pay the lesser of EITHER the calculated co-pay (CALC CO-PAY) OR the maximum co-pay (MAX CO-PAY). In the event that the calculated co-pay (CALC CO-PAY) is a negative figure, the veteran maximum co-pay (VET MAX CO-PAY) will be adjusted to zero (0).

Print Calculated LTC Copayments, continued
Sample Output, continued

Oct 09, 2001

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LONG TERM CARE ESTIMATED COPAYMENTS FOR NON-INSTITUTIONAL SERVICES

EAMON, DARBY 103421660 DOB: Sep 09, 1920
SINGLE
LTC REPORT START DATE: Sep 26, 2001

LTC COPAYMENTS FOR DAYS 1-180

CO-PAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	2000	2000	2000	2000	2000	2000
TOT EXPENSES	1041	1041	1041	1041	1041	1041
TOT ALLOWANCE	600	620	600	620	620	560
CALC CO-PAY	358	338	358	338	338	398
MAX CO-PAY	450	465	450	465	465	420
VET MAX CO-PAY	358	338	358	338	338	398
	SEP'01	OCT'01	NOV'01	DEC'01	JAN'02	FEB'02

LTC COPAYMENTS FOR DAYS 181+

CO-PAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	2000	2000	2000	2000	2000	2000
TOT EXPENSES	1041	1041	1041	1041	1041	1041
TOT ALLOWANCE	620	600	620	600	620	620
CALC CO-PAY	338	358	338	358	338	338
MAX CO-PAY	465	450	465	450	465	465
VET MAX CO-PAY	338	358	338	358	338	338
	MAR'02	APR'02	MAY'02	JUN'02	JUL'02	AUG'02

Enter RETURN to continue or '^' to exit:

Oct 09, 2001


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IMPORTANT NOTICE: The copayment amounts shown in this report are estimates based on calculations of the copayment amount for an entire month. The copayment amounts will be adjusted to reflect the actual start date of LTC services and the copayment exemption for the first 21 days of service. The VET MAX CO-PAY amount is based on the assumption that the veteran will be responsible to pay the lesser of EITHER the calculated co-pay (CALC CO-PAY) OR the maximum co-pay (MAX CO-PAY). In the event that the calculated co-pay (CALC CO-PAY) is a negative figure, the veteran maximum co-pay (VET MAX CO-PAY) will be adjusted to zero (0).

Glossary

Acronym	Long Name	Description
API	Application Programmer Interface	
LTC	Long Term Care	
VA	Veterans Administration	
VISTA	VHA Information Systems and Technology Architecture	

Appendix A – VA Form 10-10EC

 Department of Veterans Affairs		APPLICATION FOR EXTENDED CARE SERVICES	
SECTION I - GENERAL INFORMATION			
1. VETERAN'S NAME (Last, First, MI)		2. SOCIAL SECURITY NUMBER	
ANSWER YES OR NO WHERE APPLICABLE OTHERWISE PROVIDE THE REQUESTED INFORMATION			
3. ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO		3A. ARE YOU ENROLLED IN MEDICARE PART A (Hospital Insurance) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. ARE YOU ENROLLED IN MEDICARE PART B (Medical Insurance) <input type="checkbox"/> YES <input type="checkbox"/> NO		3B. EFFECTIVE DATE (If "Yes")	
		4A. EFFECTIVE DATE (If "Yes")	4B. MEDICARE CLAIM NUMBER (If applicable)
SECTION II - INSURANCE INFORMATION			
5. ARE YOU COVERED BY HEALTH INSURANCE (including coverage through a spouse)? (If "YES", provide the following information for all insurance company(s) providing coverage to you.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. NAME OF INSURANCE COMPANY		6A. ADDRESS OF INSURANCE COMPANY	6B. PHONE NUMBER OF INSURANCE COMPANY
6C. NAME OF POLICY HOLDER	6D. RELATIONSHIP OF POLICY HOLDER	6E. POLICY NUMBER	6F. GROUP NAME AND/OR NUMBER
7. NAME OF INSURANCE COMPANY		7A. ADDRESS OF INSURANCE COMPANY	7B. PHONE NUMBER OF INSURANCE COMPANY
7C. NAME OF POLICY HOLDER	7D. RELATIONSHIP OF POLICY HOLDER	7E. POLICY NUMBER	7F. GROUP NAME AND/OR NUMBER
8. NAME OF INSURANCE COMPANY		8A. ADDRESS OF INSURANCE COMPANY	8B. PHONE NUMBER OF INSURANCE COMPANY
8C. NAME OF POLICY HOLDER	8D. RELATIONSHIP OF POLICY HOLDER	8E. POLICY NUMBER	8F. GROUP NAME AND/OR NUMBER
SECTION III - SPOUSE/DEPENDENT INFORMATION			
9. SPOUSE'S NAME (Last, First, MI)			
9A. SPOUSE RESIDING IN THE COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)		9B. SPOUSE'S SOCIAL SECURITY NUMBER	
10. DEPENDENT'S NAME (Last, First, MI)		10A. DEPENDENT'S DATE OF BIRTH	10B. SPOUSE'S SOCIAL SECURITY NUMBER
10C. DEPENDENT RESIDING IN THE COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
11. DEPENDENT'S NAME (Last, First, MI)		11A. DEPENDENT'S DATE OF BIRTH	11B. DEPENDENT'S SOCIAL SECURITY NUMBER
11C. DEPENDENT RESIDING IN THE COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
<p>We need to collect information regarding income, assets and expenses for you and your spouse. If you do not wish to provide this information you must sign agreeing to make copayments and will be charged the maximum copayment amount for all services. See the top of page 2, read, sign and date.</p>			

APPLICATION FOR EXTENDED CARE SERVICES, Continued		VETERAN'S NAME		SOCIAL SECURITY NUMBER	
I do not wish to provide my detailed financial information. I understand that I will be assessed the maximum copayment amount for extended care services and agree to pay the applicable VA copayment as required by law.					
SIGNATURE				DATE	
SECTION IV - FIXED ASSETS (VETERAN AND SPOUSE)				VALUE	
1. Residence (Market value minus any outstanding mortgage or lien - exclude if veteran receiving only non-institutional services or spouse or dependent residing in community).				\$	
2. Other Residences/Land/Farm or Ranch (Market value minus any outstanding mortgage or lien)				\$	
3. Vehicle(s)* (Exclude vehicle if veteran receiving only non-institutional services or spouse or dependent residing in community).*(Value minus any outstanding lien.)				\$	
SUBTOTAL (Sum of lines 1 through 6)				\$	
SECTION V - LIQUID ASSETS (VETERAN AND SPOUSE)				VALUE	
1. Cash Balances (Checking, savings, money market, etc.)				\$	
2. Stocks, Mutual Funds, Bonds, SEP's (include 401k's, IRA's, Annuities, Self-employed person)				\$	
3. Other Liquid Assets (Includes such items as stamp or coin collections, art work, collectibles minus amount owed; excludes burial plots, household furniture and other household goods, clothing, jewelry and personal items).				\$	
SUBTOTAL (Sum of lines 1 through 3)				\$	
SUM OF ALL LINES FIXED AND LIQUID ASSETS		TOTAL ASSETS		\$	
CATEGORY		VETERAN		SPOUSE	
		HOW MUCH	HOW OFTEN	HOW MUCH	HOW OFTEN
Gross income, including wages, cash gifts, bonuses and tips, severance pay, or other accrued benefits (including net income from your farm, ranch, property or business.)		\$		\$	
Social Security Retirement/Disability		\$		\$	
Interest/Dividends, including tax exempt earnings		\$		\$	
Retirement and Pension income		\$		\$	
Civil Service Retirement		\$		\$	
U.S. Railroad Retirement		\$		\$	
VA Pension		\$		\$	
Spouse VA disability/compensation		\$		\$	
Unemployment Benefits/Compensation		\$		\$	
Other compensation, e.g. Workers Compensation and Black Lung		\$		\$	
Military Retirement		\$		\$	
Other Retirement		\$		\$	
Court Mandated (e.g. alimony, child support) (Veteran and spouse)		\$		\$	
Other Income (i.e.; inheritance/settlements)		\$		\$	

APPLICATION FOR EXTENDED CARE SERVICES, Continued	VETERAN'S NAME	SOCIAL SECURITY NUMBER
SECTION VI - EXPENSES		
ITEMS	AMOUNT	
1. Education (<i>veteran, spouse or dependent</i>)	\$	
2. Funeral and Burial (<i>spouse or child</i>)	\$	
3. Rent/Mortgage	\$	
4. Utilities	\$	
5. Car Payment Only (<i>excludes gas, insurance, parking fees</i>)	\$	
6. Food	\$	
7. Non-reimbursed medical expenses	\$	
8. Court-ordered payments	\$	
9. Insurance (<i>exclude life insurance</i>)	\$	
10. Taxes (<i>on any amount include in gross income, property, personal</i>)	\$	
11. Taxes (<i>Property, personal</i>)	\$	
SECTION VII - CONSENT FOR ASSIGNMENT OF BENEFITS		
<p>I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractor of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement from my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.</p>		
SIGNATURE	DATE	
SECTION VIII - CONSENT AND AGREEMENT TO MAKE COPAYMENTS		
<p>Completion of this form with signature of the Veteran or veteran's representative is certification that the veteran/representative has received a copy of the Privacy Act Statement and agrees to make appropriate copayments.</p> <p>I certify the foregoing statement(s) are true and correct to the best of my knowledge and belief and agree to make the applicable copayment for extended care services as required by law.</p>		
SIGNATURE	DATE	
<p>ADDITIONAL COMMENTS:</p>		

Appendix B – Screen Samples

You will see the following six (6) data screens when using the following LTC Copayment options:

- Add a New LTC Copayment Test
- Edit an Existing LTC Copayment Test
- View a LTC Copayment Test

MILITARY SERVICE DATA, SCREEN <1>				
EAMON, SEAMUS 103-42-1662		LTC CO-PAY TEST FOR 2001		
=====				
Service Branch	Service #	Entered	Separated	Discharge
-----	-----	-----	-----	-----
ARMY	UNANSWERED	00/00/1941	00/00/1945	HONORABLE
POW: UNK	From:	To:	War:	
Combat: NO	From:	To:	Loc:	
Vietnam: NO	From:	To:		
A/O Exp.: NO	Reg:	Exam:	A/O#:	
ION Rad.: NO	Reg:	Method:		
Lebanon: NO	From:	To:		
Grenada: NO	From:	To:		
Panama: NO	From:	To:		
Gulf War: NO	From:	To:		
Somalia: NO	From:	To:		
Env Contam: NO	Reg:	Exam:		
Mil Disab: NO, Applicant is NOT retired from military due to disability.				
Dent Inj: NO			Teeth Extracted: NO	
Yugoslavia: NO	From:	To:		
Purple Heart: NO	PH Remarks: VAMC			
N/T Radium: NO				

ELIGIBILITY STATUS DATA, SCREEN <2>	
EAMON, SEAMUS 103-42-1662	
LTC CO-PAY TEST FOR 2001	
=====	
Patient Type: NSC VETERAN	Veteran: YES
Svc Connected: NO	SC Percent: N/A
Rated Incomp.: NO	
Claim Number: UNANSWERED	
Folder Loc.: UNANSWERED	
Aid & Attendance: NO	Housebound: NO
VA Pension: NO	VA Disability: NO
Total Check Amount: NOT APPLICABLE	
GI Insurance: NO	Amount: UNANSWERED
Primary Elig Code: NSC	
Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED	
Period of Service: WORLD WAR II	
Service Connected Conditions as stated by applicant	

NONE STATED	

Spouse/Dependents Module Sep 28, 2001@14:20:13 Page: 1 of 1

MARITAL STATUS/DEPENDENTS, SCREEN <3>

Patient: EAMON,SEAMUS (103-42-1662)

Outpatient

LTC	Patient/Dependent	Relationship	Active
1 *	EAMON,SEAMUS	SELF	*

Married This Year: No

Enter ?? for more actions

DA Spouse/Dependent Add

AD Add to LTC Co pay Test

ES Edit Spouse Demographics

RE Remove from LTC Co pay Test

DD Edit Dependent Demographics

XD Expand Dependent

MT Marital/Dependent Info

Select Action: Quit//

FIXED AND LIQUID ASSETS, SCREEN <4>

EAMON,SEAMUS 103-42-1662

LTC CO-PAY TEST FOR 2001

	Veteran	Total
[1] Residence	-	-
[2] Other Residences/Land/Farm	-	-
[3] Vehicle(s)	-	-
[4] Cash	\$500.00	\$500.00
[5] Stocks, Bonds, Mutual Fund	-	-
[6] Other Liquid Assets	-	-
	Total -->	\$500.00

<RET> to CONTINUE, 1-6 or 'ALL' to EDIT, ^N for screen N, or '^' to EXIT:

CURRENT CALENDAR YEAR GROSS INCOME, SCREEN <5>		
EAMON, SEAMUS 103-42-1662		LTC CO-PAY TEST FOR 2001
=====		
	Veteran	Total
	-----	-----
<1> Current Income	-	-
<2> Soc. Sec. Retire/Disable	\$7200.00	\$7200.00
<3> Interest/Dividends	-	-
<4> Retirement/Pension Income	-	-
<5> Civil Service Retirement	-	-
<6> U.S. Railroad Retirement	-	-
<7> VA Pension	-	-
<8> Spouse VA Disable/Compens	-	-
<9> Unemployment Benefit/Comp	-	-
<10> Other Compensation	-	-
<11> Military Retirement	-	-
<12> Other Retirement	\$4800.00	\$4800.00
<13> Court Mandated	-	-
<14> Other Income	-	-
		Total --> \$12000.00
<RET> to CONTINUE, ^N for screen N, or '^' to EXIT:		

DEDUCTIBLE EXPENSES, SCREEN <6>		
EAMON, SEAMUS 103-42-1662		LTC CO-PAY TEST FOR 2001
=====		
	Veteran	Total
	-----	-----
[1] Education	-	-
[2] Funeral and Burial	-	-
[3] Rent/Mortgage	\$900.00	\$900.00
[4] Utilities	\$400.00	\$400.00
[5] Car Payment Only	-	-
[6] Food	\$300.00	\$300.00
[7] Non-reimbursed medical exp	-	-
[8] Court-ordered payments	-	-
[9] Insurance	-	-
[10] Taxes	-	-
[11] Taxes (Property, Personal)	-	-
		Total --> \$1600.00

Appendix C – LTC Copayment Calculation Examples

Institutional Extended Care Services

Scenario #1:

Patient is receiving institutional extended care. The spouse is residing in the community (in primary residence). Patient has been in extended care for less than 180 days.

Copayment Calculation =

Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #2:

Patient is receiving institutional extended care. The spouse is residing in the community (in primary residence). Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (minus primary residence and one vehicle) *plus* Liquid Assets *plus* Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #3

Patient receiving institutional extended care. Spouse institutionalized. Patient has been in extended care for 180 days or less.

Copayment Calculation =

Income (veteran and spouse) *minus* Allowance (veteran only) *minus* Expenses

Scenario #4

Patient receiving institutional extended care. Spouse institutionalized. Patient has been in extended care for 181 days.

Copayment Calculation =

Fixed assets (minus primary residence and one vehicle) *plus* Liquid Assets *plus* Income (veteran and spouse) – Allowance (veteran only)

Scenario #5:

Patient is receiving institutional extended care. The patient and spouse reside in separate residences. Patient has been in extended care for less than 180 days.

Copayment Calculation =

Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #6

Patient is receiving institutional extended care. The patient and spouse reside in separate residences. Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (minus both primary residence and vehicles of veteran and spouse) *plus* Liquid Assets *plus* Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #7

Patient is receiving institutional extended care. Patient has no spouse or dependent residing in the community (single veteran). Patient has been in extended care less than 180 days.

Copayment Calculation =

Income *minus* Allowance (veteran) *minus* Expenses

Scenario #8

Patient is receiving institutional extended care. Patient has no spouse or dependent residing in the community(single veteran). Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (including primary residence and vehicle) *plus* Liquid Assets *plus* Income – Allowance (veteran)

Non Institutional Extended Care Services

Scenario #1

Patient is receiving non-institutional extended care services. There is no spouse in the community(single veteran).

Copayment Calculation =

Income (veteran) *minus* Allowance (veteran) *minus* Expenses

Scenario #2

Patient is receiving non-institutional extended care services. A spouse or dependent resides in the community(single veteran).

Copayment Calculation =

Income (veteran and spouse) *minus* Allowance (veteran and spouse) *minus* Expenses

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